



2023-2024 Year PRESCHOOL REGISTRATION FORM

I am registering for the following:

- 2-year-old class: 2 mornings per week @ \$85.00/month
 3-year-old class: 5 mornings per week @ \$160.00/month
 4-year-old class: 5 mornings per week @ \$160.00/month

Dates to remember

We will follow the Hart County School System calendar – with a few exceptions. Our first day of school will be **August 7, 2023 for the 3s and 4s**. The 2s will not begin until **Tuesday September 5th**. Meet the teacher for all students will be scheduled for the week before start date.

Class Assignment

The children will be assigned to a teacher based on age as much as possible. If necessary, we may possibly combine 3 and 4 year olds in the same class if we find that it fits the needs of a child better. We reserve the right to make changes after the year starts if we feel it is in the best interest of the child in order to meet his/her social, physical, emotional and educational needs.

Preschool Hours

- Regular drop off is 8:00 – 8:15. Pickup is 11:15 – 11:30
-Are you interested in early drop-off, which will start at 7:30? _____
This service will be an extra \$1.00 per day and must be paid at the beginning of the month if used on a regular basis.

Fees/Registration

- A registration fee of \$160.00 is due at the time of registration. \$100 of the fee is refundable if your child is withdrawn from enrollment before May 17, 2023. After May 17, full fee is non-refundable. ****Your child is not considered enrolled until the registration fee is paid.**
-Tuition is due on the first day of each month. A late fee of \$10.00 will be charged if tuition is not paid by the 6th of each month. The fee for a return check is \$25.00 and only cash will be accepted from that time forward.

USE OF PHOTOGRAPHS AUTHORIZATION:

- Yes** - Pictures of my child may be taken for use within FBC (church/class bulletin boards)
 No - Pictures of my child **may not** be taken for use within FBC.
 Yes - Pictures of my child may be taken for use outside of FBC (TV, Newspaper, social media etc.).
 No - Pictures of my child **may not** be taken for use outside of First Baptist Church.

ACKNOWLEDGEMENT AND AGREEMENT:

I agree that all the information provided in this registration is, to the best of my knowledge, true and accurate. I acknowledge that the Weekday Preschool utilizes Bible texts and Christian truth in its daily routines. I acknowledge that I agree for my child to attend special faith-based events that occur throughout the school year.

Parent / Guardian Signature Date

APPLICANT:

Child's Full Name: _____

Birth date: _____ Sex: _____ Home Phone: _____

Name Child is called: _____

Address: _____

City / State / Zip: _____

FAMILY INFORMATION:

Mother's Name: _____

Cell Phone: _____ Email: _____

Place of Employment: _____ Work Phone: _____

What is the best way to contact you while your child is in our care? Check all that apply.

Home Phone: _____ Cell Phone Call: _____ Cell Phone Text: _____ Work Phone: _____

Father's Name: _____

Cell Phone: _____ Email: _____

Place of Employment: _____ Work Phone: _____

What is the best way to contact you while your child is in our care? Check all that apply.

Home Phone: _____ Cell Phone Call: _____ Cell Phone Text: _____ Work Phone: _____

Child Lives With: Both Parents (___) Mother (___) Father (___) Other: _____

List names and ages of other children in the home.

1. _____ 2. _____

3. _____ 4. _____

CHURCH AFFILIATION: _____

STUDENT INFORMATION:

Is your child potty trained? Yes (___) No (___)
(All Children must be potty trained to start preschool.)

My child is: left-handed (___) right-handed (___)

My child is allergic to the following foods: _____

My child's favorite things: _____

My child's least favorite things: _____

My child likes to: _____

My child is afraid of: _____

My child's favorite snack is: _____

Does your child sleep well at night? _____

Does your child eat breakfast? _____

Is this your child's first Preschool experience? _____

Is there any other information you think would be helpful to us? _____

MEDICAL INFORMATION:

Please attach an updated immunization record for your child.

Please list any medical allergies that your child may have:

Has your child had any of the following? (please check all that apply)

___ Measles

___ Mumps

___ Chicken Pox

___ Flu

___ Whooping Cough

___ Meningitis

___ Seizures

Is there any evidence of the following? (please check all that apply)

___ Hearing Loss or Difficulties

___ Vision Difficulties

___ Speech Disabilities

___ Physical Limitations (please list)

EMERGENCY AUTHORIZATION:

Name and best phone number of 2 Emergency Contacts other than parent that is local

1. _____

2. _____

Emergency Medical Contact:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Preferred Hospital: _____

I hereby authorize First Baptist Church of Hartwell, GA to have my child transported to the listed physician or facility or any licensed physician or medical treatment center to treat my child in case of an emergency. I understand that First Baptist Church Preschool will not be responsible for the medical bills or any expense as a result of an accident on church property or on a field trip.

Parent / Guardian Signature

Date

CHILD RELEASE INFORMATION:

My child may be released to the following person(s):

Name: _____ Relationship to Child: _____

Phone: _____ City & State: _____

Name: _____ Relationship to Child: _____

Phone: _____ City & State: _____

Name: _____ Relationship to Child: _____

Phone: _____ City & State: _____

Name: _____ Relationship to Child: _____

Phone: _____ City & State: _____

Name: _____ Relationship to Child: _____

Phone: _____ City & State: _____

**Please note that your child will not be released to anyone that is not on this list and that it is your responsibility to keep this list updated. The persons on this list may be asked to show their driver's license when they pick up your child.

First Baptist Church Weekday Preschool
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